					11111	10				
CAMPAIGN FINANCE REPO	ORT				-2176	JE FILL	HBUR			
STATE OF WISCONSIN							- 031			
					J	UL 30	. 7			
ls this report an Amendment? NO	8						,			
ls thi <mark>s a Termination Report?  YES</mark>	JUL 8 0 )  RECEIVED									
COMMITTEE IDENTIFICATION						The state of the s				
Name of Committee Friends of Steve Arnold	al e <sup>2</sup>				]					
Address 2530 Targhee St	Tana I	$\Box$			OFFICE WSEB#	USE ON	LY			
City, State, ZIP Fitchburg, WI 53711-5491										
Please check if address is different than previously reported										
NAME OF REPORT Jan 2021 Continuing Pre-Primary	20			Spring		Fall	Special			
July 20_ Continuing Pre-election 2	20				Special					
· · ·										
SUMMARY OF RECEIPTS AND DISBURSEMENTS	Colum	nn A	Col	umn B	Audited	Totals				
1. RECEIPTS	This Pe	eriod	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	/TD	Office U					
A. Contributions including Loans from Individuals	\$		\$	÷						
B. Contributions from Committees (Transfers-In)	\$	-	\$	=		10				
C. Other Income and Commercial Loans	\$		\$	÷		10				
TOTAL RECEIPTS (Add totals from 1A, 1B, and 1C)	\$	-	\$	4						
2. DISBURSEMENTS										
A. Gross Expenditures	\$	78.37	\$	78.37	/					
B. Contributions to Committees (Transfers-Out)	\$	-	\$	7.7		- 13				
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$	78.37	\$	78.37	Z==	3				
CASH SUMMARY										
Cash Balance at Beginning of Report	\$	78.37	V			18				
Total Receipts	\$	*	/			3				
Subtotal	\$	78.37	/			18				
Total Disbursements	\$	78.37				Hir				
CASH BALANCE AT END OF REPORT	\$	-	1		20					
INCURRED OBLIGATIONS (at close of period)	\$	24	1		HEAD	E				
LOANS (at close of period)	\$		1			==				
Levitte (at 61000 of portou)	1									
I certify that I have examined this report and to the best of my know	ledge an <mark>d</mark> beli	ief it is tru	ie, correct	and complet	te.					
Type or Print Name of Candidate or Treasurer	Signature of Ca					Date				
Stephen Lloyd ("Steve") Arnold	1	-17	0/	11	2020-07					
	M	de	Men	Vel	Daytime F					
	U	M	000		608 278 77	700				

NOTE: The information on this form is required by ss. 11.06, 11.20, Wis. Stats.

Failure to provide this information may subject you to the penalties of ss.11.60, 11.62, Wisconsin Stats,

## Friends of Steve Arnold Gross Expenditures

AMOUNT	\$70.97	4/0.0/		-	10																			
PURPOSE	choritohlo contribution	originable confinibation													*1				1					
ZIP	0	2																						
ST  ZIP	1	<u> </u>																						
* CITY	Eitobburg	ginging																		8				
ADDRESS		2990 OUD-Zeio Frwy																						
IN-KIND DATE NAME						7.7	100	100	Ż	3	ν 7			/										
DATE	06/66/70	01127																						
IN-KIND																								

SCHEDULE 2-A